



**HEALTH4EUkids**

Your Kids' Health, Our Priority

**Best Practices in action: how to transfer, implement, and sustain effective health promotion interventions for children (0-12)**

## **Module 3**

# **Smart Family: a Best Practice to support and empower families in promoting well-being and healthy lifestyle**



**Best Practices in action: how to transfer, implement, and sustain effective health promotion interventions for children (0-12)**

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## **Unit 3.2.2**

### **Pre-implementation phase of Smart Family**

#### **“A tool for implementation: pilot action plan in Eivissa, Balearic Islands, Spain”**

**Maria Ramos Monserrat**

**Balearic Islands Public Health Department**

# Index of the action plan template

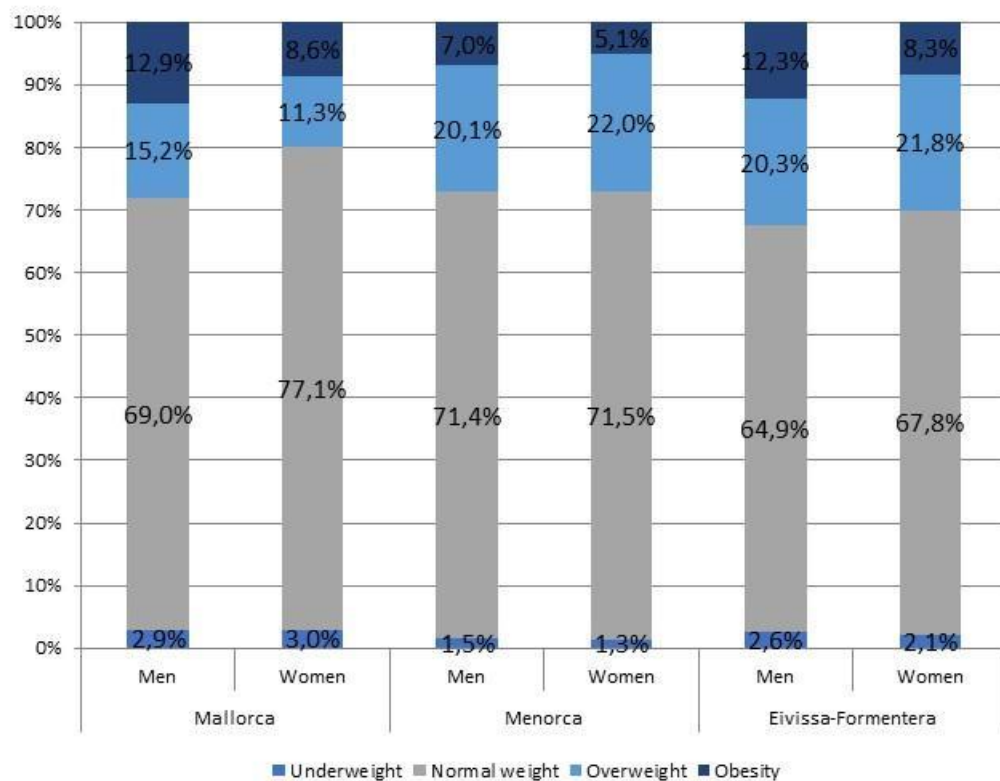
1. Problem description
2. Available knowledge in your country about the situation
3. Rationale
4. Specific aims
5. Target population
6. Local implementation group
7. Context
8. Intervention
9. Evaluation of the intervention
10. Measures
11. Chronogram



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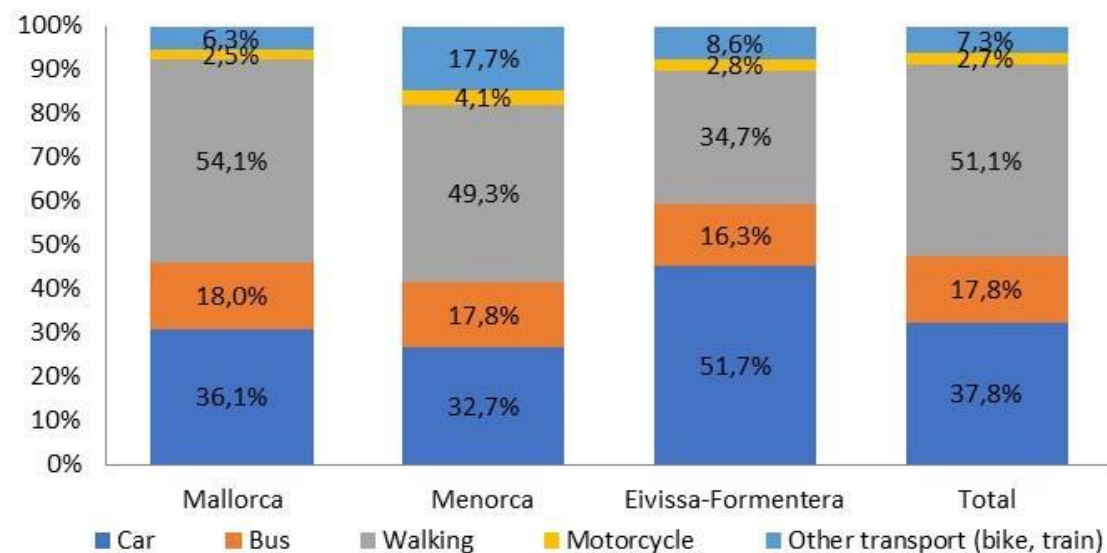
# 1. Problem description

Prevalence of childhood overweight and obesity by sex, in the Balearic Islands, 2017.



Source: The EPOIB II Study. Balearic Islands Public Health Department.

Means of transport used by boys and girls to go to the educational centre by island in the Balearic Islands, 2017



Source: The EPOIB II Study. Balearic Islands Public Health Department.



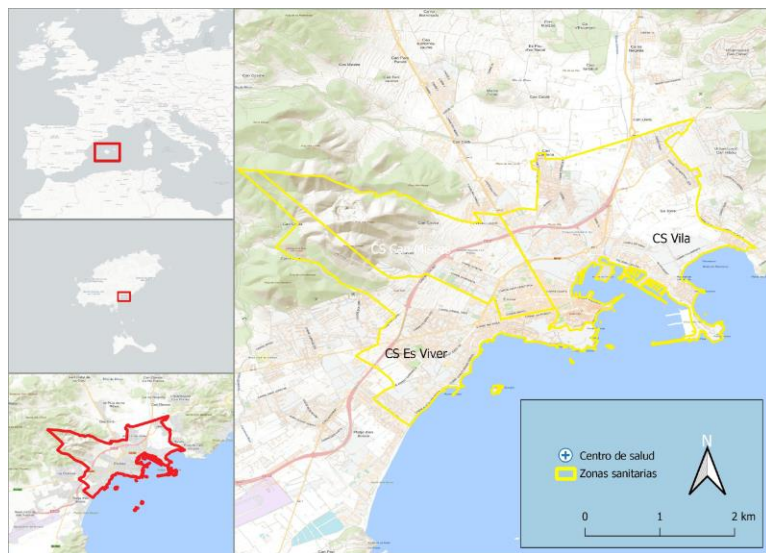
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## 2. Available knowledge in your country about the situation

We selected 3 primary health areas of Ibiza: Es Viver, Vila and Can Misses, located in 2 health centres (CS in Spanish): CS Es Viver and CS Vila.

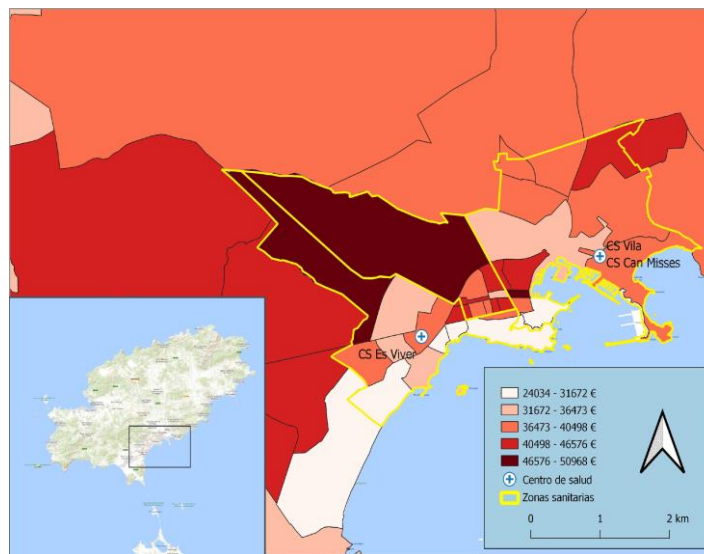
In the Balearic Islands, a Child and Adolescent Health Programme is developed in primary health care by nurses and pediatricians.

Location of the primary health areas of Ibiza selected



Elaborated by Marta Fuster

Average family income in primary health areas of Ibiza selected, 2020



Elaborated by Marta Fuster, based on data from IBESTAT



[Balearic Islands Health Services](#)



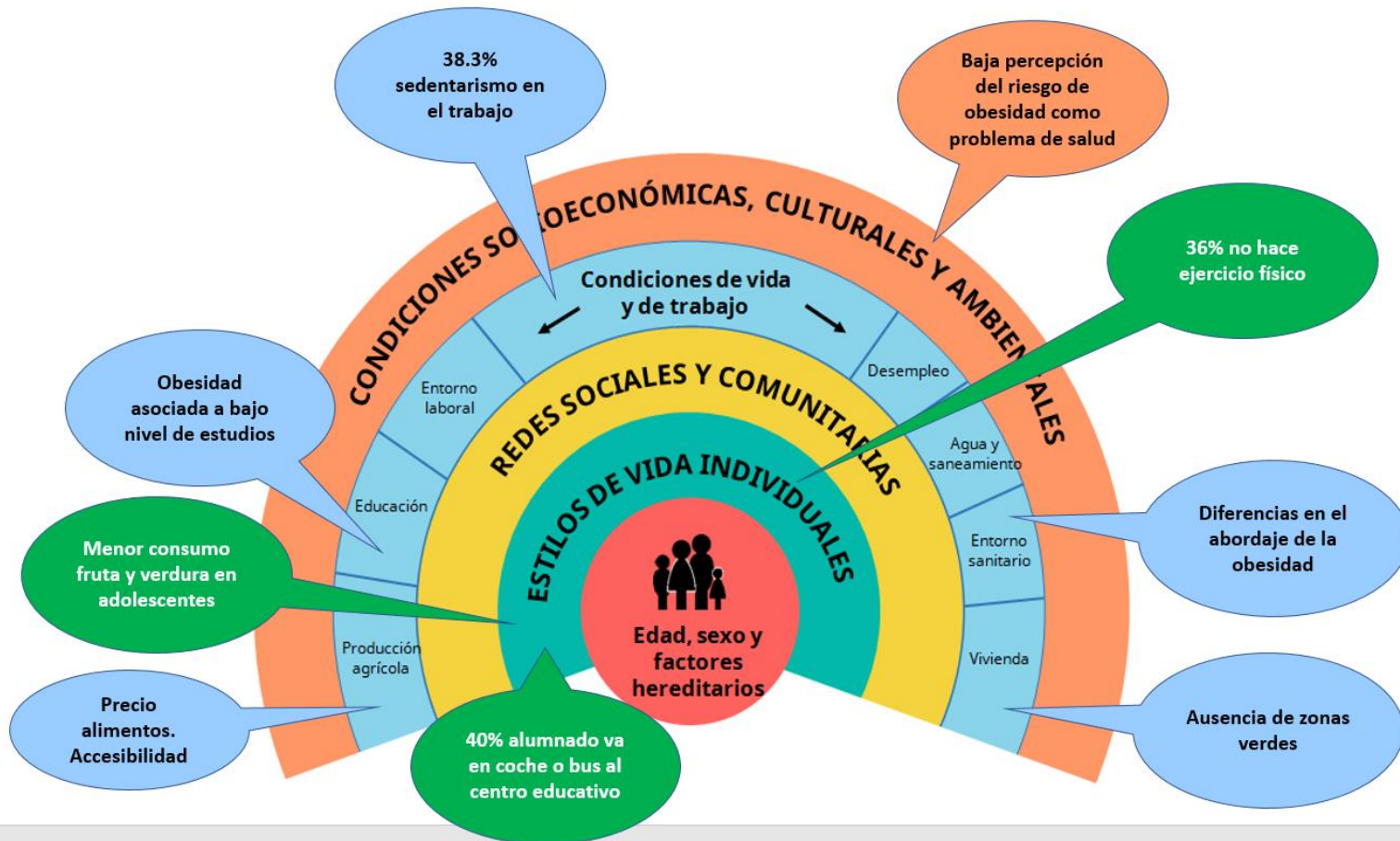


### 3. Rationale

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The obesogenic environment is the cause of childhood obesity



Currently, there is no programme for the prevention and treatment of childhood obesity in the Balearic Islands, so primary and hospital care professionals do 'what they can'.

We do not know the results of these interventions, although the perception is that they are neither sufficient nor effective.



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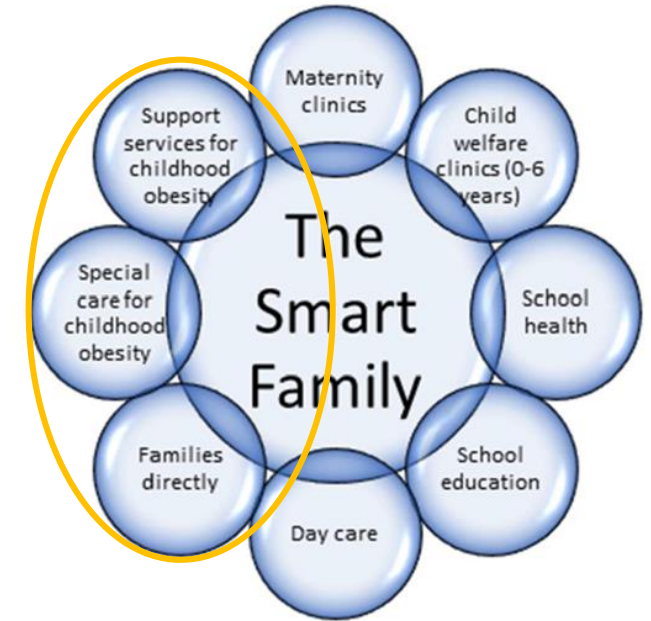
## 4. Specific aims

**Objective 1:** To train a group of primary health care professionals in the Smart Family model.

**Objective 2:** To design an intervention for the prevention and treatment of childhood overweight and obesity in primary health care based on the Smart Family model, from the perspective of the social determinants of health.

**Objective 3:** To pilot the intervention for the treatment of childhood overweight and obesity in primary health care.

**Objective 4:** To pilot the intervention for the prevention of childhood overweight and obesity in primary health care.



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## 5. Target population

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### Objective 1:

Three paediatric nurses of primary health care.  
(Three paediatricians of primary health care).

### Objective 2:

The entire population of the Balearic Islands.

### Objective 3:

Families with a son or daughter up to 14 years of age who is overweight/obese.

Inclusion criteria:

- Families with a boy or girl from 0 to 14 years of age with a BMI percentile  $\geq 90$ , whether or not they have a pathology related to obesity.
- Families in a situation of socioeconomic disadvantage from the perspective of the primary health care paediatric nurse.

Exclusion criteria:

- Families with a boy or girl from 0 to 14 years of age with secondary obesity due to pharmacological treatments.
- Families who do not sign the informed consent.

We will pilot the intervention with a sample of 12 families, four per nurse (and paediatrician).

### Objective 4:

Families expecting a baby or with sons or daughters up to 14 years of age whose mother has obesity and a basic educational level.

Inclusion criteria:

- Families whose mother has a BMI  $\geq 30$  (obesity).
- Families whose mother has a maximum educational level of ESO (16-18 years old).

Exclusion criteria:

- Families who do not sign the informed consent.

We will pilot the intervention with a sample of 24 families, 8 per nurse (and paediatrician).





## 6. Local implementation group



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Direcció General de Salut Pública



**Servei de Salut**  
Àrea de Salut d'Eivissa  
i Formentera

Paediatrician nurses piloting Smart Family in Ibiza



From right to left: María Belén Peris Ramón, Sabina Torné Torres, Carmen Ortiz Martínez y Ana María Jiménez López

With the Finnish team



From right to left: Heli Kuusipalo, Maria Ramos Monserrat, Nella Savolainen, Päivi Mäki, Kati Kuisma, Emma Koivurinta, Taina Sainio

# 7. Context

The New York Times

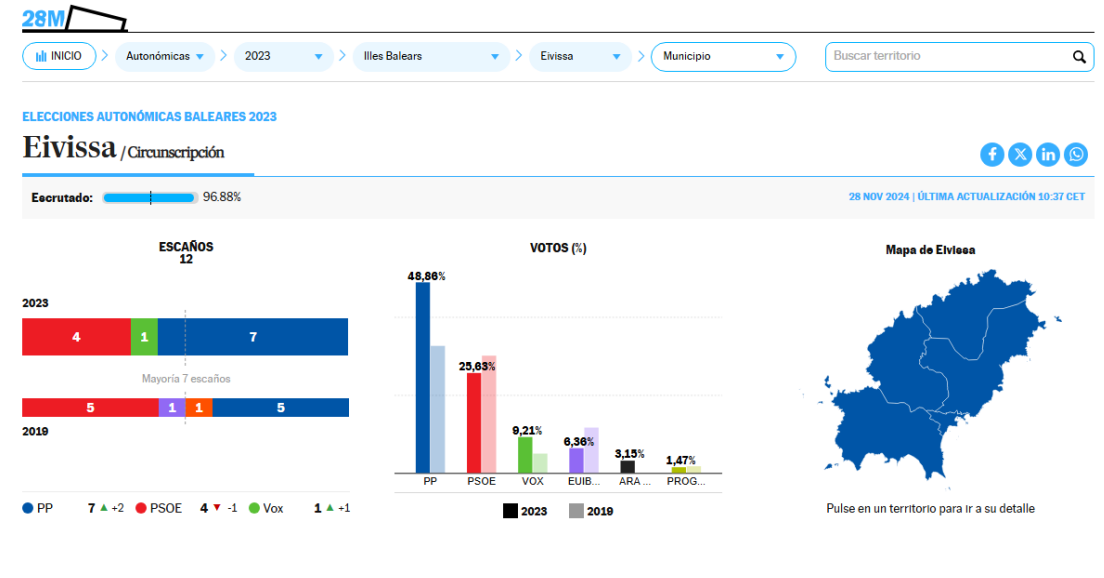
## On Luxurious Ibiza, Essential Workers Are Forced to Live in Tent Cities

The Spanish island fills beachfront hotels and glittering dance clubs with wealthy tourists. But its teachers, firefighters and police officers can't find a place to live.

Listen to this article • 10:59 min [Learn more](#) [Share full article](#) [214](#)



EL PAÍS





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## 8. Intervention

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Goals and subgoals	Activities
<b>Objective 1: To train a group of primary health care (PHC) professionals in Smart Family model.</b>	1.1. To do the online training proposed by Smart Family.
1.a. Theoretical framework.	1.2. To review all the materials and tools proposed by Smart Family.
1.b. How to do counselling on food, physical activity, screens and rest.	1.3. To set up and resolve all doubts with the Smart Family Finnish team.
1.c. How to address weight stigma.	1.4. To agree about the essential elements of the model and the materials more useful in the PHC setting.
1.d. How to use the materials and tools of the program.	1.5. To review existing resources in Balearic Islands (EinaSalut).
<b>Objective 2: To design an intervention for the prevention and treatment of childhood overweight and obesity in PHC, based on the Smart Family model, from the perspective of the social determinants of health.</b>	2.1. To translate and adapt the materials selected from Smart Family to Spanish and Catalan and to the Mediterranean diet.
2.a Materials	2.2. To review the perspective of the social determinants of health for the prevention and treatment of childhood obesity.
2.b. Resources	2.3. To explore the current situation of the assets for promoting a healthy life from the 3 Health Centres participating, activating them.
3.c. Document of the program	2.4. To write the document of the program for the prevention and treatment of the childhood overweight and obesity in PHC, based on the Smart Family model.
	2.5. To review the document with the Smart Family team.
<b>Objective 3: To pilot the intervention for the treatment of the childhood overweight and obesity PHC.</b>	3-4.1. To design a data collection notebook.
	3-4.2. To identify the participating families in the Paediatric offices.
<b>Objective 4: To pilot the intervention for the prevention of the childhood overweight and obesity in PHC.</b>	3-4.3. To do the Smart Family intervention with the participating families.
	3-4.4. To collect periodically the information needed from and with the families.
	3-4.5. To review the document of the program.



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## 9-10. Evaluation of the intervention and measures

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Goals and subgoals	Expected results of the activities	Effects	Indicators and the level of desired change
<b>Objective 1: To train a group of PHC professionals in Smart Family model.</b>	At least 3 paediatric nurses and 3 paediatricians will be trained in Smart Family model.	Paediatric nurses feel they have useful tools to deal with childhood overweight and obesity, and that they are ready to do it.	Improvement in autoefficacy to deal with childhood overweight and obesity perceived by the paediatric nurses and paediatricians trained.
	A selection of Smart Family materials and tools, as well as existing resources will be made for the prevention and treatment of childhood overweight and obesity in PHC.		Perception of the nurses about the changes occurred in her autoefficacy regarding to how to deal with childhood overweight and obesity in their office.
<b>Objective 2: To design an intervention for the prevention and treatment of childhood overweight and obesity in PHC, based on the Smart Family model, from the perspective of the social determinants of health.</b>	The professionals trained, with the Public Health technicians, will write a draft of the document of the program for the prevention and treatment of childhood in PHC.	Balearic Islands will have a program based on a good practice for the prevention and treatment of childhood overweight and obesity in PHC.	Number of materials translated and adapted included in the program.
			Number of health assets included in the program.
			Document of the program for the prevention and treatment of the childhood overweight and obesity: YES/NO.

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## 9-10. Evaluation of the intervention and measures

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Goals and subgoals	Expected results of the activities	Effects	Indicators and the level of desired change
<b>Objective 3: To pilot the intervention for the treatment of the childhood overweight and obesity in PHC.</b>	The intervention works well, as most of the families remain in.	All the results indicators improve.	Number of families that begin the intervention.
		The families participate in the improvement of the program.	% adherence of the families to the intervention: Number of families that begin / Number of families that remain at the end.
<b>Objective 4: To pilot the intervention for the prevention of the childhood overweight and obesity in PHC.</b>			% mothers and fathers that improve their score in emotional wellbeing according to Warwick-Edinburgh.
			% families that use the assets.
			% families whose perception of the environment improve according to Living Healthy Tool.
			% families that improve their adherence to Mediterranean diet according PREDIMED.
			% families that improve their physical activity level according IPAQ.
			% children that improve their adherence to Mediterranean diet according to Childhood PREDIMED.
			% children that improve their physical activity level according to Childhood IPAQ.
			% children that reduce their daily screen time.
			% children that improve their sleeping time.
			% children that reduce (objective 3) or maintain (objective 4) their BMI.
			Perception of the families about the changes occurred, and the facilitators and barriers for these changes.

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# 11. Chronogram

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Phases	Main actions	2023												2024												2025													
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12		
Pre-implementation Phase (M1-M13)	Action plan finalized																																						
	Meetings with Ibiza City Council																																						
	On site visit to Smart Family in Finland																																						
	Objective 1. Motor Team training in Smart Family																																						
	Objective 2. To design the intervention																																						
Implementation Phase (M14-M30)	Objective 3. To pilot the intervention																																						
	Objective 4. To pilot the intervention																																						
Post-implementation (M31-M36)	Evaluation of the training																																						
	Evaluation of the design of the intervention																																						
	Evaluation of the intervention																																						
	Writing of the final rapport																																						
	Writing of a paper																																						
	Presentation of the results to the health centres																																						
	Review of the document of the program																																						



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# Factors influencing action plans

## Facilitators

- It has been essential to establish the scope, target population, and objectives for the implementation.
- Indispensable in a time-limited project.
- It has provided a framework for internal and external communication.

## Barriers

- Requires time for reflection and mental organisation.
- It's easy to be overly ambitious, as paper supports everything.
- There are always unforeseen events that force us to modify the plan or schedule.



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# General recommendation

- Before acting, it is essential to plan.
- Before planning, it is essential to diagnose the situation.
- When you plan, try to be realistic.
- When you plan, consider possible unforeseen events.
- Considering unforeseen events won't prevent them. Be prepared!



# Thank you all for your participation!



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